

Choices for Care Flexible Choices Allowance

Participant Information

Name: _____ Phone: _____
 Last *First* *MI*

Address: _____
 Street/RFD/Box *City/Town* *State* *Zip*

SS#: _____ ICD- 9 Code: _____

Guardian/Surrogate Information

☐ Guardian ☐ Surrogate

Name: _____ Phone: _____
 Last *First* *MI*

Address: _____
 Street/RFD/Box *City/Town* *State* *Zip*

Allowance Calculation

☐ Initial Assessment ☐ Reassessment ☐ Change

Personal Care - Hours (per 2 weeks) _____ Value (per 2 weeks) \$ _____

Adult Day Hours (per two weeks) _____ Value (per 2 weeks) \$ _____

Base Amount (per 2 weeks) \$ 460 _____

Total Allowance (per two weeks) \$ _____

Total (per month) \$ _____

Signatures

Participant : _____
 Name – Print *Signature*

Consultant: _____
 Name – Print *Signature*

DAIL Approval

Department of Disabilities, Aging and Independent Living Authorization/Official Use Only

Allowance authorized effective Start Date: _____ through End Date: _____

DAIL Authorized Signature

DATE

Instructions:

1. Consultant completes the identifying information for the participant and, if appropriate, their surrogate or guardian and notes whether this allowance request results from an initial assessment (all new participants in Flexible Choices are considered “initial assessments”), a reassessment or a change.
2. Consultant completes the allowance calculation section using the following formulas:
 - a. *Personal Care*: The number of hours per two weeks of personal care in the approved Service Plan, multiplied by the hourly wage rate (including employer taxes) for consumer and surrogate directed employees in Choices for Care.
 - b. *Adult Day*: The number of hours per two weeks of Adult Day services approved in the Service Plan, multiplied by the current Choices for Care Adult Day hourly rate. (Note: these dollars can only be spent on Adult Day services or for personal care hours when the participant was scheduled for Adult Day but was not able to attend.)
 - c. *Base Rate*: This rate is set by DAIL and represents the value of all Choices for Care services other than Personal Care and Adult Day pro rated to two week increments.
 - d. *Totals*: The three areas are totaled for a two-week allowance figure. This will be the figure upon which budget planning will occur. This two-week figure is converted into a monthly figure by multiplying the two-week figure by 2.15. If approved by the LTCCC (see number 5), this monthly figure will be the participants “Approved Allowance.”
3. The consultant and participant/surrogate sign the form showing their agreement with the total allowance figure.
4. The consultant forwards the completed form to the regional Long Term Care Clinical Coordinator along with a copy of the most recent ILA and Personal Care Worksheet.
5. Upon approving the allowance amount, the LTCCC:
 - a. keeps the original for his/her files
 - b. sends a copy to the consultant at: Transition II
346 Shelburne Road
South Burlington, VT 05403
Fax: (802) 846-7282
 - c. sends a copy to the participant/surrogate.
6. Consultant forwards a copy of the approved form to ARIS.